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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).				
i hereby appoint:				
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Practitioner(s) named below (if more th	an ten patent practitione	ers are to be named, then a	customer number must be used);	
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-				
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any end all patent applications assigned pnit to the undersigned according to the USPTO assignment records or assignment documents attached to this from in accordance with 37 OFR 3.73(b).				
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:				
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Assignee Name and Address:				
FRANTORF INVESTMENTS GMBH, LLC				
160 Greentree Drive, Suite 101				
Dover, DE 19904 USA				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB96 or equivalent) is required to the filed in each application in which this form is used. The statement under 37 CFR 3.75(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altomery is to be filed.				
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature Spin M	Signature Sch M		Date 09/36/08	
		1 077256	24	
Name Jeremiah Miller Title Authorized Person for I		Telephone	24	

This collection of Information is required by 37 CPR 1.3.1, 3.2 and 1.3.3. The Information is required to Odday or revisin a benefit by the public which is to life (and by the USPTO to process) an application, conclinatingly in governed by St U.S.O. 125 and 57 CPR 1.1 and 1.4.1 This collection is estimated to last 3 millurates to complete, lockularing eithering, prespering, and submitting the completed application form to the USPTO. Then will vary deepending upon the Individual case x. Any comments on the sound of time you required to complete this flow made for suggestation for reducing the benefit, should be sent to the Chef Information Chef USP Comments on the sound of time you required to complete this flow made suggestation for reducing the benefit, should be sent to the Chef Information C